CLAIMS ONLY						Application Number 09/687734	Filing Date
						Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*.	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3							53						
4	/						54						
5							55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10	1						60						
11							61						
12							62						
13							63						
14							64						
15	1						65						
16		1					66						
17		1					67						
18							68						
19							69						
20							70						
21		1					71						
22							72						
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27							77						
28							78						
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30							80						
31							81						
32							82						
33							83						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	22						Total Depend						
Total Claims	25						Total Claims						